

**UTAH CREDIT LIFE INSURANCE AND
CREDIT ACCIDENT & HEALTH INSURANCE
FILING CERTIFICATION**

(Complete and return this form with each filing)

INSURER NAME _____
TYPE OF INSURANCE _____

INSURER NAIC# _____
FORM NUMBER _____

All references are from the Utah Insurance Code and the Utah Administrative Code

(Initial the following items)

- _____ **Nothing in this filing has had any objections or been prohibited in previous filings.** (31A-21-201(2))
- _____ **CONTENT STANDARDS applicable to this filing have been reviewed and the filing is in compliance with the applicable Content Standards.** Content standards are available on the department web site,
http://www.insurance.utah.gov/StandardsL/Life_STM.html

FORM CONTENT

EVERY ITEM LISTED BELOW MUST BE INITIALED OR MARKED WITH NA. "NA" means that you have thoroughly researched the filing and the provision is not applicable to the filing.

- _____ **Application or Enrollment Form** DOES NOT contain vague health questions. (31A-21-201(3))
- _____ **Claim Payment and Processing** provides for prompt claim processing within 15 days of receipt of proof of loss. (R590-191)
- _____ **Delivery of Certificate** within 30 days after the date when indebtedness is incurred. (31A-22-806(3))
- _____ **Grace Period** of not less than 31 days during which the coverage continues in force. (31A-22-402 and 513)
- _____ **Incontestability.** Coverage is incontestable after two years; no exception for fraud. (31A-22-403 and 514)
- _____ **Master Application, Debtor Enrollment form or application, and Notice of Proposed Insurance** list and describe coverages, premiums, exclusions, and refund methods. (31A-22-806(2))
- _____ **Proof of Loss.** Failure to file within a specified time does not invalidate a claim if the claim was filed as soon as reasonably possible. (31A-21-312)
- _____ **Suicide** limitation is not longer than one year; provides for a return of premiums; and may NOT be reinstated. (R590-91-6B)
- _____ **Termination Notice to Insureds.** Group contract obligates policyholder to give 30 days prior written notice. (31A-22-522)
- _____ **Credit Life Insurance:**
_____ Pre-existing exclusion ONLY on applies on open-end loans and when NO evidence of insurability is required. (R590-91-6B(1) & (4))
- _____ **Credit Accident & Health Insurance**
_____ Definition of disability complies. (R590-91-7(6))
_____ Pre-existing condition exclusion uses "caused by" not "contributed to" language and complies. (R590-91-7B(1))

RATES and REFUNDS

- _____ **COMPANY HAS a rating schedule on file** in compliance with R590-91-10.
_____ Rates for ALL coverages are in the filing.
_____ Rates submitted are the same as rates on file. (R590-91-10)
_____ Rates submitted are actuarially equivalent to rates on file. (R590-91-10)
_____ Rates submitted are deviated rates. Rates comply with 31A-22-807, R590-91-6, 7 and 10.
- _____ **COMPANY DOES NOT HAVE a rating schedule on file.**
_____ Rates for ALL coverages are in the filing.
_____ Rates submitted are prima facie rates. (R590-91-6, 7 and 10)
_____ Rates submitted are deviated rates. Rates are in compliance. (31A-22-807, R590-91-6, 7 and 10)
- _____ **Credit Accident and Health Insurance on Open End Loans.**
_____ Rates submitted are in compliance with R590-91-7.A.(7)(a) and (b). See Bulletin 2002-02.
- _____ **REFUND FORMULAS** for all coverages are in the filing and are in compliance. (31A-22-808 and R590-91-8)

(Continue to next page)

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Rate Schedule - All Coverages

Credit Life Coverage (Indicate coverage and rates)

% of Prima Facie Rates

| | | | | |
|--------------------------------------|-------|---|-------|-----------------------------|
| Method of premium charge (check one) | _____ | Single Premium | _____ | MOB |
| Covered lives (choose one) | _____ | Single life | _____ | Joint lives (Factor _____%) |
| Coverage type (choose one) | _____ | Decreasing | _____ | Level |
| Premium Rate (choose one) | _____ | per \$100 of initial net indebtedness | | |
| | _____ | per \$100 of initial gross indebtedness | | |
| | _____ | per \$1000 of monthly outstanding net balance | | |
| | _____ | per \$1000 of monthly outstanding gross balance | | |
| Benefit (choose one) | _____ | outstanding net balance | | |
| | _____ | outstanding gross balance | | |
| | _____ | other (describe) _____ | | |
| Closed-End? (check one) | _____ | YES | Term | _____ months |
| | _____ | NO | Term | _____ months |
| Full Term? (check one) | _____ | YES | Term | _____ months |
| | _____ | NO (Truncated) | Term | _____ months |
| Limitations (list all) _____ | | | | |

Credit Accident & Health Coverage (Indicate coverage and rates)

% of Prima Facie Rates

| | | | | |
|--------------------------------------|-------|---|----------------|-----------------------------|
| Method of premium charge (check one) | _____ | Single Premium | _____ | MOB |
| Covered lives (choose one) | _____ | Single life | _____ | Joint lives (Factor _____%) |
| Premium Rate (choose one) | _____ | per \$100 of initial net indebtedness | | |
| | _____ | per \$100 of initial gross indebtedness | | |
| | _____ | per \$1000 of monthly outstanding net balance | | |
| | _____ | per \$1000 of monthly outstanding gross balance | | |
| Benefit (choose one) | _____ | outstanding net balance | | |
| | _____ | outstanding gross balance | | |
| | _____ | % of initial net indebtedness | | |
| | _____ | % of initial gross indebtedness | | |
| | _____ | % of outstanding net balance on the day of disability | | |
| | _____ | % of outstanding gross balance on the day of disability | | |
| | _____ | other (describe) _____ | | |
| Retroactive coverage? (check one) | _____ | YES | Number of days | _____ |
| | _____ | NO | Number of days | _____ |
| Closed-End? (check one) | _____ | YES | Term | _____ months |
| | _____ | NO | Term | _____ months |
| Limitations (list all) | _____ | Maximum benefit amount | Explain _____ | |
| | _____ | Monthly payment | Explain _____ | |
| | _____ | Number of payments | Explain _____ | |
| | _____ | Critical period | Explain _____ | |
| | _____ | Other (describe): _____ | | |

I CERTIFY THAT ALL ITEMS ON PAGES 1 AND 2 HAVE BEEN REVIEWED, RESPONSES ARE CORRECT, AND THE FILING COMPLIES WITH UTAH LAWS AND RULES.

Print Name

Title

Original Signature

Date

If you have any questions contact the Life Insurance Division at (801) 538-3066